

Emergency De State of Washington following of the

MAR 1 1 200

For Ecology Use

Application for a Water Right
Please follow the attached instructions to avoid unnecessary delays.

| 2 | Fee Pa | id 10 | 0= | |
|-------|--------|-------|-----|---|
| 5 2 | Date_ | 3/11 | 05 | |
| No CE | 火井7 | 670 | 5 4 | 7 |

| Name | | D 460 | | | | .00 | 7 ^ 4 | 04 |
|--|--|---|---|--|---|--|--------------|------------------------------|
| | | | | | Work Tel:(_ <u>5</u> | | | |
| CityL | ind | State_W | A Zip+4 | 99341 + | -0400 FAX | K:() | | |
| | 2. CONTAG | CT - PERS | SON TO C. | ALL ABO | UT THE AI | PPLICA' | TION | |
| Name | Gary L. | Johnson | | | _Home Tel:(|) | - | |
| Mailing Add | ress | | | | Work Tel: |) | | |
| City | | State | Zip+4_ | + | FAX:(|) | | |
| Relationship | to applicant | princip | al owner | | | | | |
| | 3. STATEM | | | 600 | (F | (1) | | |
| ☐ cubic feet of | per second) fro supplemen | m a □ surface tal irrigation | e water source | or ☑ ground ATTACH | water source (c A "LEGAL" D number is not su | heck only of ESCRIPT | one) for the | he purpose(s) |
| | ee msu uchons | | | | | | | |
| Estimate a m ☐ Check | aximum annual if the water use From | is proposed f | for a short-tern to/ | n project. Ind | icate the period See note belo | of time that | the wate | er will be need |
| Estimate a m Check Emergence 2005. | aximum annual if the water use From | is proposed f | or a short-term to/ 05 season a | n project. Ind | icate the period | of time that | the wate | er will be need |
| Estimate a m Check *Emergence 2005. Section 4 | aximum annual if the water use From cy drought rec | is proposed f | or a short-term to/ 05 season a | n project. Ind / *S and request | icate the period See note belo | of time that | the wate | er will be need |
| Estimate a management of Check Emergence 2005. Section 4 If SURFACT Name the wallake, etc. If sunnamed strongers | if the water use From by drought rec I. WATER E WATER ater source and innamed, write ream," etc.: | s is proposed for 1 / / / quest for 20 SOURCE | or a short-term to/ 005 season a | n project. Ind / *S and request | icate the period See note belo t that applicat | of time that w ion remai | the wate | er will be need |
| Estimate a management of the control | if the water use From by drought rec I. WATER E WATER ater source and innamed, write ream," etc.: | s is proposed for 1 / / / / / / / / / / / / / / / / / / | or a short-term to/ 005 season a eam, spring, ring," | If GROUN A permit is | icate the period See note belo that applicat | of time that w ion remai | the wate | er will be need |
| Estimate a m Check *Emergence 2005. Section 4 If SURFAC Name the walake, etc. If "unnamed strunnamed strunna | aximum annual if the water use From cy drought red E WATER ater source and innamed, write ream," etc.: iversions: iiiito (name of li | s is proposed for 1 / / / / / / / / / / / / / / / / / / | or a short-term to/ 005 season a eam, spring, ring," | If GROUN A permit is | NDWATER desired fora | of time that w ion remai | the wate | er will be need |
| Estimate a management of the control | aximum annual if the water use From Ey drought rec I. WATER E WATER Ater source and interesting etc.: iversions: iversions: into (name of the court of the co | sis proposed for 1 / / / / / / / / / / / / / / / / / / | eam, spring, ring," | If GROUN A permit is Size & dep To be de | NDWATER desired fora | of time that w ion remain | the water | or will be needeng following |
| Estimate a management of the control | aximum annual if the water use From Ey drought rec I. WATER E WATER Ater source and interesting etc.: iversions: iversions: into (name of the court of the co | sis proposed for 1 / / / / / / / / / / / / / / / / / / | eam, spring, ring," | If GROUN A permit is Size & dep To be de | NDWATER s desired fora th of well(s): termined. | of time that w ion remain n or withdren 1/4 1/4 second | ell(s). | the nearest iven below. |
| Estimate a m Check Emergence 2005. Section 4 f SURFAC Name the wa ake, etc. If funnamed str Number of d Source flows LOCATION Enter the no | aximum annual if the water use From Ey drought rec A. WATER E WATER Iter source and innamed, write ream," etc.: iversions: iversions: orth-south and ier: To be de | sis proposed for 1 / / / / / / / / / / / / / / / / / / | cam, spring, ring," catances in feet lanned site in Township | If GROUN A permit is Size & dep To be de t from the pois near boun Range(E/W) | NDWATER desired fora th of well(s): termined. County | of time that w ion remain n or withdr | ell(s). | the nearest iven below. |
| Estimate a management of the control | aximum annual if the water use From Ey drought rec A. WATER E WATER Ater source and interesting etc.: iversions: iversions: into (name of left) Orth-south and ater: To be de | sis proposed for 1 / / / / / / / / / / / / / / / / / / | to/ | If GROUP A permit is Size & dep To be de | NDWATER s desired fora th of well(s): termined. | of time that w ion remain n or withdren 1/4 1/4 second | ell(s). | the nearest iven below. |

ECY 040-1-14 Rev. 7/97 * * f **APPLICATION**

Appl. No.: 64-34501-05

| | 21 | | |
|-------|---|---|------------------------------|
| A. | Name of system, if named:n/a | | |
| B. | Briefly describe your proposed water system. | (See instructions.) | |
| Irrig | pump from well to pond and out to systemation District supply for emergency droug the application to remain pending, to require | ht purposes during 2005 season. | After 2005 we would |
| C. | Do you already have any water rights or claim PROVIDE DOCUMENTATION. Roza ass | | n? ☑YES □ NO |
| | ction 6. DOMESTIC / PUBLIC WA ompleted for all domestic/public supp | ly uses.) | |
| A. | Number of "connections" requested: | Type of connection | |
| B. | Are you within the area of an approved water If yes, explain why you are unable to connect <i>County Health Department</i> . | system? | LIYES LING |
| Con | nplete C. and D. only if the proposed wa | ater system will have fifteen or m | nore connections. |
| C. | Do you have a current water system plan appr Washington State Department of Health? If yes, when was it approved? | | ☐ YES ☐ NO |
| D. | Do you have an approved conservation plan? If yes, when was it approved? | | □ YES □ NO |
| | ction 7. IRRIGATION/AGRICULT omplete for all irrigation and agricult | |)N |
| A. | Total number of acres to be irrigated:154 | .3 ac | |
| B. | List total number of acres for other specified a | agricultural uses: | |
| | Use | Acres | |
| | Use | Acres | |
| | Use | | |
| C. | Total number of acres to be covered by this ap | pplication: 154.3 | |
| D. | Family Farm Act (Initiative Measure Number Add up the acreage in which you have a contract the Acreage irrigated under water rights that Acreage proposed to be irrigated under the Acreage proposed | rolling interest, including only: s acquired after December 8, 1977; ader this application; | Chapter 237, Laws of 2001) |
| | Is the combined acreage greater than 6 Do you have a controlling interest in a If yes, enter permit no: | | ☐ YES ☑ NO |
| E. | Farm uses: Stockwater - Total # of animals | Animal type | (If dairy cattle, see below) |

Section 8. WATER STORAGE

| • | m, dike, or other structure to retain | or store water? | ☑ YES ☐ NO |
|--|--|--|--|
| | ring 10 acre-feet or more of water and age will be above grade, you must also | or if the water depth will be 10 feet or apply for a reservoir permit. You can | |
| Section 9. DRI | VING DIRECTIONS | | |
| Provide detailed driving | ng instructions to the project site. | | |
| The property of the control of the c | Exit between Grandview and nd turn left (north) on Rothro | Prosser, go 4 miles north and ck Road to site. | l turn right on Evans Rd. |
| Section 10. RE | QUIRED MAP | | |
| A. Attach a map of Attached | of the project. (See instructions.) | | |
| Section 11. PRO | OPERTY OWNERSHIP | | |
| | cant own the land on which the wa | tter will be used? of use and provide the name(s) and | ✓ YES ☐ NO address(es) of the owner(s): |
| Own north | 80 acres and have permissi | on from owners of south 80 ac | cres to file |
| application. | | | <u> </u> |
| If no, submit a | cant own the land on which the wa copy of agreement: en granted for filing the appli | nter source is located? | ☐ YES ☑ NO if needed. |
| to process my applica monitoring purposes. employees of the Dep | Ation, I grant staff from the Department of Ecology, all responsible stent otherwise allowed by law. R | ate to the best of my knowledge. In the state of Ecology access to the state of the accuracy of the information of the information of the accuracy of the information of the infor | ite for inspection and above application by the rmation rests with me. |
| For: Rothrock | Farms, Inc | | |

Date

Permissions have been granted to applicant
Landowner for place of use (if same as applicant, write "same")
from other landowners, letter can te
provided.

| We are returning your application for the following re | eason(s): | |
|--|-------------------------|---|
| Examination fee was not enclosed | | APPLICANT PLEASE RETU |
| | | TO CASHIER, PO BOX 5128 LACEY, WA 98509-5128 |
| Section number(s) | is/are | APPLICANT PLEASE RETU |
| incomplete | 15/410 | TO THE APPROPRIATE |
| | | REGIONAL OFFICE |
| | | |
| Explanation: Please provide the additional information requested a dditional information requested a dditio | above and return your a | pplication by |
| Please provide the additional information requested to | | application by |
| Please provide the additional information requested (do | | application by |
| Please provide the additional information requested to | ate). | |
| Please provide the additional information requested (do | ate). | |
| Please provide the additional information requested (do | ate). | |
| Please provide the additional information requested (do | ate). | |
| Please provide the additional information requested (do | ate). | |
| Please provide the additional information requested (do | ate). | |
| Please provide the additional information requested (do | ate). | |
| Please provide the additional information requested (do | ate). | |
| Please provide the additional information requested (do | ate). | |
| Please provide the additional information requested (do | ate). | |
| Please provide the additional information requested (do | ate). | |
| Please provide the additional information requested (do | ate). | |
| Please provide the additional information requested (do | Date | |